

FAMILY ACTIVITIES: Individual Participant Direct Service Data Collection Tool

(May use if AB99 information already collected)

Program Name: _____ *(optional)* **Activity Location Name:** _____

Program Participant Information. Please provide full name (no nicknames):		
First name: (required element)	Last name: (required element)	Birth date (mm/dd/yyyy): (confirmatory element)
		__ / __ / ____
		__ / __ / ____
		__ / __ / ____
		__ / __ / ____
		__ / __ / ____

Date Information: Single or Start Date (mm/dd/yyyy): __ / __ / ____ End Date (mm/dd/yyyy): __ / __ / ____

Number of occurrences: _____ **Average duration:** _____ ☐ hours **OR** ☐ minutes **OR** ☐ Not applicable

Enter **ONE** modality code in the box:

- | | | |
|--|---|--|
| Modality 00 Not specified
Codes: 01 Case management
02 Home visit
03 Mobile service | 04 In-person consultation/service
05 Support group session
06 Class/workshop
07 Public/community event | 08 Phone consultation
09 Mailing/distribution of materials
99 Other |
|--|---|--|

Please mark (X) ALL applicable activities associated with the modality entered above.

Result 1: Improved Family Functioning (Family Support, Education and Services)	
<input type="checkbox"/> Behavioral, Substance Abuse, and Mental Health Services <ul style="list-style-type: none"> <input type="checkbox"/> Substance abuse treatment/screening <input type="checkbox"/> Mental health/Behavioral assessment <input type="checkbox"/> Behavioral aides <input type="checkbox"/> Play therapy <input type="checkbox"/> Parent-child intervention <input type="checkbox"/> Other psychological counseling <input type="checkbox"/> Social skills training <input type="checkbox"/> Psychiatric/medication services <input type="checkbox"/> Behavioral consultation <input type="checkbox"/> Individual behavior plan <input type="checkbox"/> Other therapy <input type="checkbox"/> Adult Education and Literacy for Parents <ul style="list-style-type: none"> <input type="checkbox"/> Adult literacy programs <input type="checkbox"/> Job training/citizenship/other adult education <input type="checkbox"/> Community Resource and Referral <ul style="list-style-type: none"> <input type="checkbox"/> Special education service referral 	<input type="checkbox"/> Distribution of Kit for New Parents <input type="checkbox"/> Family Literacy Programs <ul style="list-style-type: none"> <input type="checkbox"/> Raising a Reader <input type="checkbox"/> Provision of Basic Family Needs (Food, Clothes, Housing) <ul style="list-style-type: none"> <input type="checkbox"/> Provision of food, clothes, emergency funds, housing, or other basic needs <input type="checkbox"/> Enrollment/assistance with TANF, WIC, Food Stamps, or food program <input type="checkbox"/> Transportation services or voucher <input type="checkbox"/> Targeted Intensive Parent Support Services <ul style="list-style-type: none"> <input type="checkbox"/> Respite care <input type="checkbox"/> Parent conference <input type="checkbox"/> General Parenting Education Programs <input type="checkbox"/> Other Family Functioning Support Services <ul style="list-style-type: none"> <input type="checkbox"/> Family planning <input type="checkbox"/> Service coordination

FAMILY ACTIVITIES: Individual Participant Direct Service Data Collection Tool

(May use if AB99 information already collected)

Result 2: Improved Child Development (Child Development Services)

- | | |
|---|---|
| <input type="checkbox"/> Preschool for 3 and 4 Year Olds | <input type="checkbox"/> Integrated play group |
| <input type="checkbox"/> Enhanced art curriculum | <input type="checkbox"/> Buddy program |
| <input type="checkbox"/> Enhanced science curriculum | <input type="checkbox"/> Social-emotional curriculum |
| <input type="checkbox"/> Comprehensive Screening and Assessments | <input type="checkbox"/> Discrete trial training or other behavioral teaching program |
| <input type="checkbox"/> Developmental screening – SNP protocol | <input type="checkbox"/> Individual learning plan (ILP) |
| <input type="checkbox"/> Speech and language assessment | <input type="checkbox"/> Initial IEP / IFSP |
| <input type="checkbox"/> Other screening or assessment | <input type="checkbox"/> Update of IEP / IFSP |
| <input type="checkbox"/> PFA - ASQ | <input type="checkbox"/> Early Education Programs for Children (Other than School Readiness and Preschool for 3 and/or 4 year olds) |
| <input type="checkbox"/> PFA – DRDP | <input type="checkbox"/> Recreational/physical activities for children alone or together with parents |
| <input type="checkbox"/> Targeted Intensive Intervention for Identified Special Needs | <input type="checkbox"/> ECE*/child care subsidies or vouchers |
| <input type="checkbox"/> Consultation on speech and language | <input type="checkbox"/> ECE*/child care resources and referral |
| <input type="checkbox"/> Group speech and language therapy | <input type="checkbox"/> Kindergarten Transition Services |
| <input type="checkbox"/> Individual speech and language therapy | <input type="checkbox"/> Other Child Development Services |
| <input type="checkbox"/> Socialization group | |
| <input type="checkbox"/> Specialized movement class | |
| <input type="checkbox"/> Inclusive recreation program | |

*ECE = Early care and education

Result 3: Improved Health (Health Education and Services)

- | | |
|---|---|
| <input type="checkbox"/> Breastfeeding Assistance | <input type="checkbox"/> Safety Education and Intentional and Unintentional Injury Prevention |
| <input type="checkbox"/> Nutrition and Fitness | <input type="checkbox"/> Safety education and injury/violence prevention |
| <input type="checkbox"/> Other Health Education | <input type="checkbox"/> Car seat distribution |
| <input type="checkbox"/> Health Access | <input type="checkbox"/> Specialty Medical Services |
| <input type="checkbox"/> Home Visitation for Newborns | <input type="checkbox"/> Audiology services |
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Vision services |
| <input type="checkbox"/> Dental screening | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Dental treatment | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Oral health education | <input type="checkbox"/> Assistive technology services |
| <input type="checkbox"/> Prenatal Care | <input type="checkbox"/> Medical evaluation for diagnosis |
| <input type="checkbox"/> Primary Care Services (Immunizations and/or Well Child Checkups) | <input type="checkbox"/> Nursing services |
| <input type="checkbox"/> General health screening | <input type="checkbox"/> Other health services |
| <input type="checkbox"/> Vision screening | <input type="checkbox"/> Tobacco Cessation Education and Treatment |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Other Health Services |
| <input type="checkbox"/> Other screening | |
| <input type="checkbox"/> Immunizations | |
| <input type="checkbox"/> Well-baby or well-child checkups | |